PPHF®

PEOPLE TO PEOPLE HEALTH FOUNDATION

Celebrating a Decade of Catalysing Change (2016-2026)

IMPACT REPORT 2016-2026

People. Partnerships. Progress.

NOVEMBER 2026




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PPHF

IMPACT SNAPSHOT

Ten Years at a Glance

What changed over the decade

PPHF evolved from focused community and NCD demonstrations into a multi-state public-health platform spanning primary care, NCDs, nutrition, women, adolescent and child health, infectious disease, environmental health, digital health and policy influence.

35.5M*
Lives touched

27
States & UTs

58+
Districts

35+
Projects / programmes

80+
Partnerships

1,000+
Sites

30,000+
Health providers upskilled

92%
Programme spending

1.12B INR
Funding received
Utilized to improve public health in India

* 35.5 M is a cumulative figure since 2016-2026

MILESTONES

A Decade of Progress

2016–17 — The journey begins

A local public-health platform launched with priorities across NCDs, maternal and child health, nutrition, infectious disease, systems strengthening, training, research, technology and partnerships.

2017–18 — Community-led NCD support

Positive Deviance patient groups for diabetes and hypertension established an early people-to-people support model.

2018–19 — UDAY integrated model

About 400,000 people aged 30–70 covered in Vizag and Sonipat; 135 patient-to-patient support groups documented.

2019–20 — Knowledge & policy convening

NCD stakeholder mapping, consultations, policy briefs and the NCD Program Implementation Toolbox strengthened PPHF's technical voice.

2020–21 — SCREEN scales

Worked with five state governments across 35 districts, transitioning from pilots to multi-state systems support.





2021–22

PPHF identity established

Rebranding of People to People Health Foundation defined a stronger institutional identity.

2022–23

COVID-19 response

Emergency response touched 4.6M+ lives and trained 9,500 health professionals while supporting communities and facilities.

2023–24

Rare disease platform

Together for Rare expanded the organisation's role in specialised advocacy and coalition building.

2024–25

Digital & last-mile acceleration

Post-pandemic work deepened digital health, primary healthcare and future-ready service delivery.

2025–26

Scale with deeper impact

Strategy 2030 and the FY2025–26 baseline show stronger system impact through facilities, providers and technology-enabled models.



SIX CONNECTED AREAS OF WORK

Impact Across the Health Continuum

Non-Communicable Diseases

UDAY demonstrated integrated prevention-to-care; ASPIRE reports 300,000+ people screened across Maharashtra and Telangana, alongside health-worker capacity building.

Women, Adolescent & Child Health

Community-based approaches connect adolescent girls, mothers and children to essential care; the FY2025–26 portfolio recorded 15,000+ mothers, children and adolescent girls reached.

Nutrition

Life-course nutrition work spans adolescents, pregnancy, the first 1,000 days and children under five, combining counselling, IYCF, dietary diversity, screening and service linkage.

Infectious Diseases & Health Security

The COVID-19 response demonstrated rapid mobilisation: 4.6M+ lives touched and 9,500 health professionals trained in 2020–21.

Environmental & Planetary Health

Environmental health integrates WASH, community resilience and emerging climate-health considerations into public-health programming.

Integrated Development / Health+

Holistic development links health with community systems, local institutions, livelihoods, education and other social determinants of well-being.

How PPHF Creates Impact







Strengthen systems & communities

Technical support, frontline capacity, service quality, referral pathways, community mobilisation and fit-for-purpose health technology.

Build public-private collaboration

Government, corporate, academic, technical and civil-society partners are brought together around locally relevant solutions.

Generate evidence, influence policy & scale

Implementation evidence, consultations, policy products and demonstration models are used to support adoption and replication.

Proof of system-level change

- Telehealth kiosks integrated with eSanjeevani in Haryana, Uttar Pradesh and Madhya Pradesh.
- Device intellectual property transferred to government — a strong example of public-system ownership.
- Rare-disease and NCD convening expanded PPHF's role from implementation to policy dialogue and coalition building.

CATALYSING CHANGE FOR WELLBEING

PPHF Theory of Change

VISION

A world where everyone has equal access to opportunities for better health.

MISSION

Transforming lives through locally driven solutions.

CHALLENGES

Growing gaps in access to essential health services	Non-communicable diseases — diabetes, hypertension, cancers, mental health	Climate change impact on health and well-being	Communicable diseases, maternal and child health, nutrition



KEY APPROACHES

Empower for Increased Access

Social inclusion, empowerment and equitable healthcare for marginalised populations

Leveraging Partnerships

Government, nonprofit and private-sector collaboration for transformative change

Evidence & Innovation

Operational evidence, context-appropriate solutions and evidence-based policy

Resource Optimisation

Efficient, transparent use of funding, technology and volunteer resources

Cross-Sectoral Linkages

Collaboration across sectors addressing socioeconomic determinants of health

Institutional Capacity Building

Improving delivery pathways, workforce capacity and institutional resilience

THEMATIC AREAS

Non-Communicable Diseases

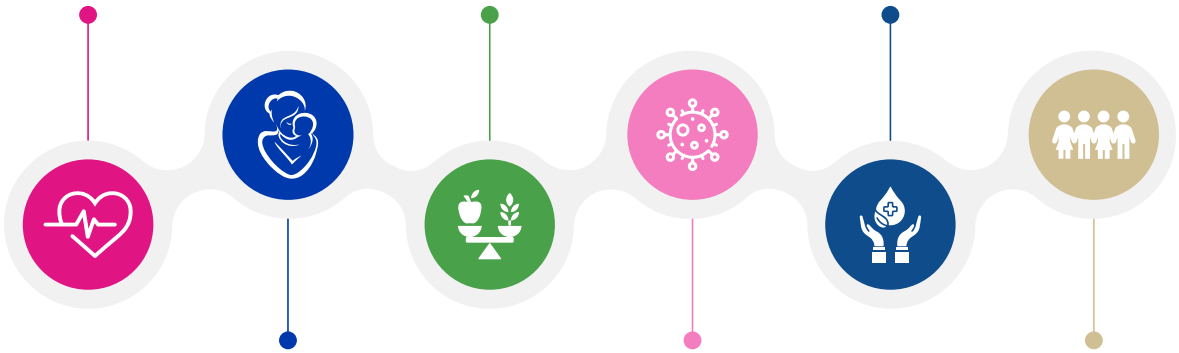
Diabetes, hypertension, cardiovascular disease, cancers, mental health

Nutrition

Addressing malnutrition and food security

Environment & Planetary Health

Climate-resilient health systems, low-carbon delivery



Women, Adolescent & Child Health

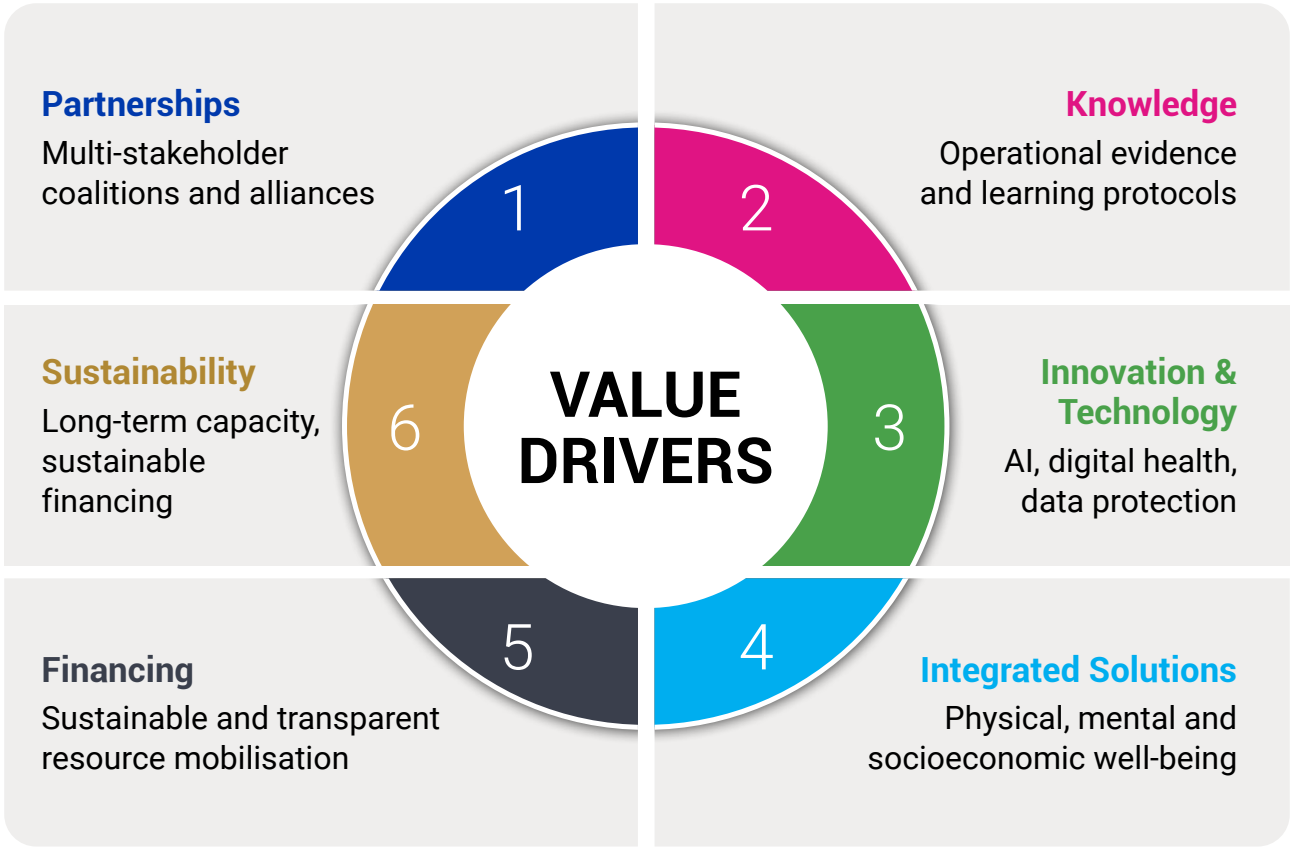
Maternal care, adolescent health, child development

Infectious Diseases

Communicable disease prevention and treatment

System Strengthening

Workforce development, frontline readiness and supply-chain resilience



IMPACT

- Better health and well-being for all
- Healthier communities
- Inclusive, resilient and sustainable programmes
- Aligned with SDG 3 and ESG frameworks
- Equitable access for marginalised communities

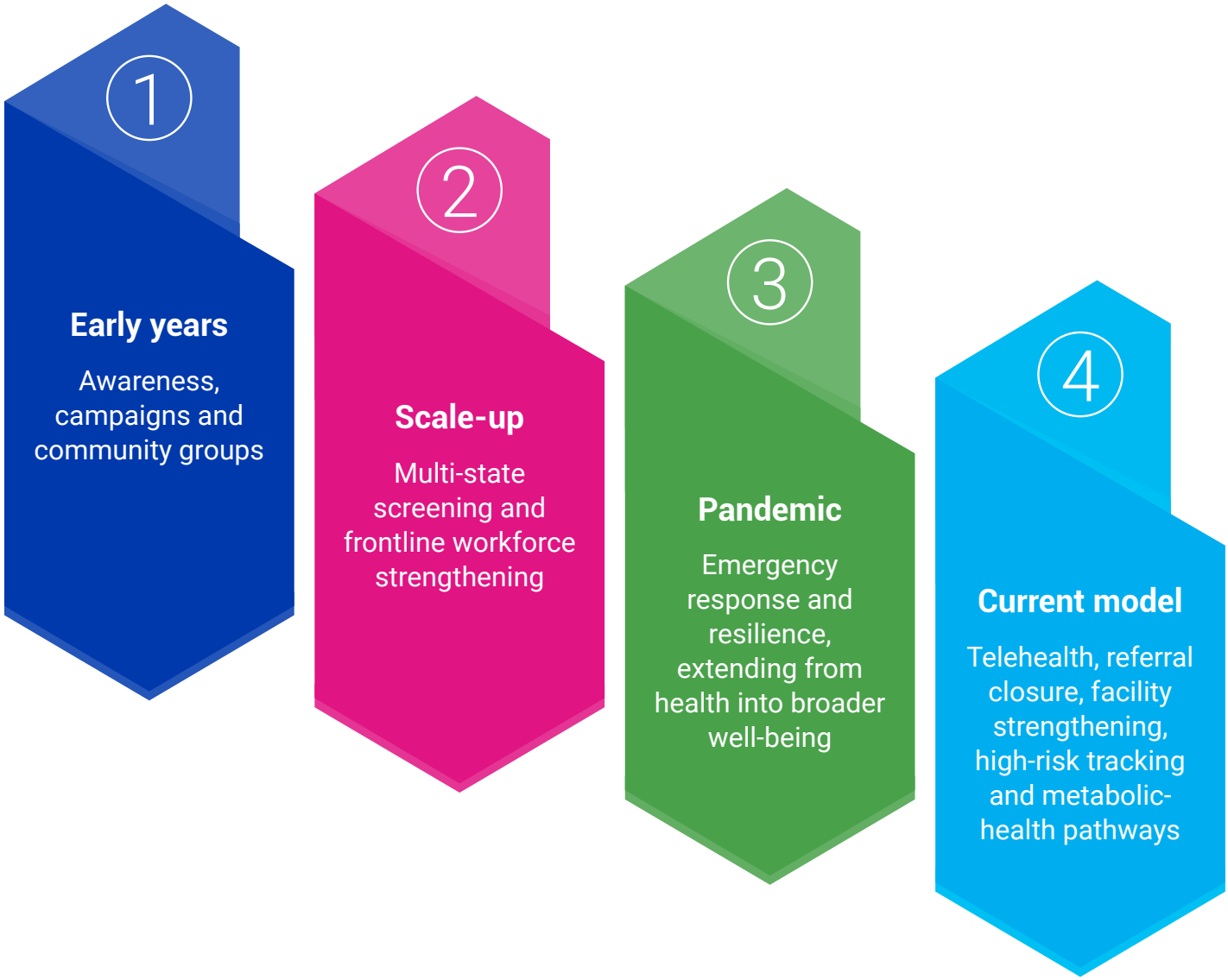
ENABLERS

- Technology & AI
- Teamwork with partners
- Community ownership
- Signature programmes
- Leadership development
- Agile risk mitigation

From Reach to Deeper Outcomes

Why this matters

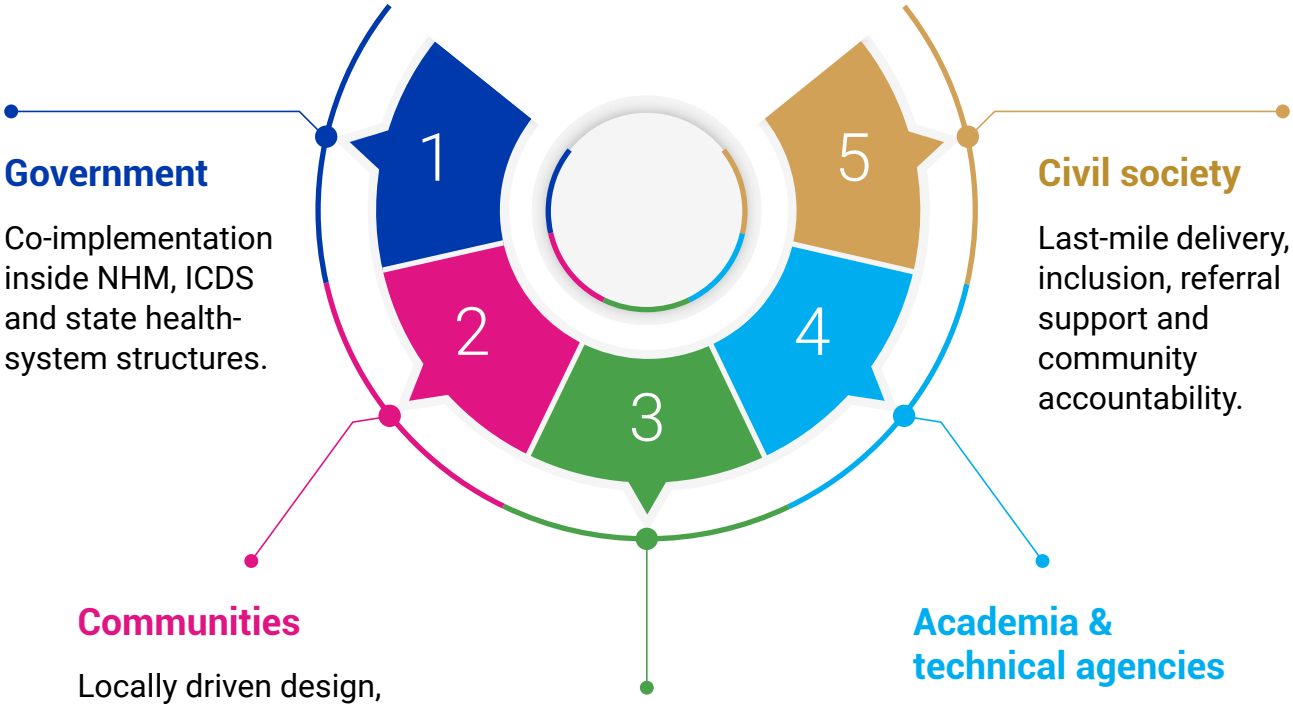
PPHF's first decade shows a shift from light-touch, wide reach toward more intensive service delivery and health-system strengthening. The next frontier is not only who was reached, but whether referrals were completed, treatment continued, and frontline competencies were retained.



Partnerships, Trust and Institutional Credibility

Institutional markers

Section 8 not-for-profit founded in 2016 | ISO 9001:2015 certified | Headquarters in New Delhi with regional footprints | Work increasingly spans evidence, digital health, implementation research and policy translation.



Government

Co-implementation inside NHM, ICDS and state health-system structures.

Civil society

Last-mile delivery, inclusion, referral support and community accountability.

Communities

Locally driven design, peer support, community mobilisation and frontline engagement.

Corporate & philanthropy

Funding, technology, equipment, volunteering and implementation partnerships.

Academia & technical agencies

Evidence generation, technical inputs, research, training and policy dialogue.

Leadership Voices

"Communities, evidence and partnerships together create lasting health change."



Dr. Laxmikant Palo
CEO, PPHF

"Equity and primary care must remain central to public health action."



Dr. Sharad Onta
Advisory Council

"Health gains are strongest when linked with nutrition and human development."



Dr. Shreeranjan
Advisory Council

"Innovation and partnerships help scale impact with discipline and purpose."



Mr. Prabal Chakraborty
Advisory Council

"Local institutions and frontline systems are the foundation of lasting change."



Mr. Suneel Kumar Muttoo
Advisory Council

"Impact depends on strong teams, leadership and well-designed systems."



Ms. Miriam Wardak
Advisory Council

"Evidence and advocacy can expand access and strengthen health systems."



Ms. Cheena Malhotra
Advisory Council

"Better access needs stronger delivery systems and resilient supply chains."



Prof. Prashant Yadav
Advisory Council

"Sustainable operations and practical innovation are essential for scale."



Dr. Anoop Khandelwal
Advisory Council

"Primary care, livelihoods and inclusion together advance community well-being."



Dr. Gayatri Mishra Oleti
Advisory Council

Leadership Voices

"Trusted communication and behaviour change are vital to public health."



Dr. Neeru Johri
Advisory Council

"Capability, data and continuous improvement strengthen health systems."



Mr. Soumyakant Dwivedy
Advisory Council

"Entrepreneurial thinking can move good ideas from pilots to scale."



Mr. Suresh Vedula
Advisory Council

"Climate health and primary care must connect through practical action."



Dr. Raj Shankar Ghosh
Advisory Council

"Communities change fastest when local skills and organisations are strengthened."



Mr. Nikhilesh Maity
Advisory Council

"Leadership and philanthropy can unlock greater social impact at scale."



Dr. Keith Kibirango
Advisory Council

"Public health leadership matters most when evidence is turned into action."



Dr. Raj Bhandari
Advisory Council

"Global experience can help local systems innovate and perform better."



Dr. Alex Trusov
Advisory Council

"Inclusive leadership and technical commitment strengthen health outcomes."



Dr. Meenakshi Singh
Advisory Council

"Public health progress accelerates when partners align around people's needs."



Dr. Rajiv Tandon
Advisory Council

The Next Decade Starts Here

50M

Additional People

Enabled to access preventive, primary and community health services by 2036

PREVENT	REACH	STRENGTHEN	INFLUENCE
Reduce exposure to modifiable health risks	Close last-mile access gaps	Build frontline, institutional and system capacity	Turn field evidence into adoption and scale

2036 Ambition — selected headline targets

1M	40,000	500	20
People screened or counselled for modifiable risk	Frontline and community health actors trained	Facilities and community structures strengthened	PPHF generated models or evidence products adopted



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